

## CHANGE OF ADDRESS

**Account Owner:** Please use this form to change the mailing address, email address or phone numbers for individuals associated with your account.

### Account Information

Account Number	<hr/>	
Account Owner	<hr/>	
	Name <hr/>	SSN or TIN <hr/>
Student Beneficiary	<hr/>	
	Name <hr/>	SSN or TIN <hr/>

### New Address / Email Address / Telephone Number

Street Address/Apt. Number	<hr/>		
Post Office Box Number	<hr/>		
City/State/Zip Code	<hr/>		
Email Address	<hr/>		
Telephone Numbers	<hr/>		
	Home <hr/>	Work <hr/>	Other (Please specify type) <hr/>

### The new address applies to: (Check all that apply.)

<input type="checkbox"/> <b>Account Owner</b>	<hr/>	<input type="checkbox"/> <b>Giftor</b>	<hr/>
	Name <hr/>		Name <hr/>
<input type="checkbox"/> <b>Student Beneficiary</b>	<hr/>	<input type="checkbox"/> <b>Guardian</b>	<hr/>
	Name <hr/>		Name <hr/>
<input type="checkbox"/> <b>Account Owner Survivor</b>	<hr/>	<input type="checkbox"/> <b>Trustee</b>	<hr/>
	Name <hr/>		Name <hr/>
<input type="checkbox"/> <b>Information Release Person</b>	<hr/>	<input type="checkbox"/> <b>Other</b>	<hr/>
	Name <hr/>		Name <hr/>

### Account Owner's Signature - Required

***Only the account owner may authorize changes to this account.***

*I certify under penalty of perjury that I am the legal account owner and I authorize these requested changes to the Guaranteed Education Tuition Program account indicated above.*

<hr/>	<hr/>
Account Owner's Signature	Date

**Send to:** Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450 or 360-704-6200 (Fax)

**Questions:** GETInfo@hecb.wa.gov or 1-800-955-2318